



Candidate Statement of Non-Receipt of Contributions and Non-Expenditure of Funds For Candidates that have not spent or received any campaign funds

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	Name of Candidate or Officeholder				Phone Number				
Marie H. Poulson							(801)942-5390		
	Street Addres	SS	Suite/Apartmen	t/PO Box:	City		State	Zip	
	7037 Horizo	on Cir			Cottonwood F	Heights	UT	84121	
	Office		District Number		Count	ty	Political Party		
	House		46		Salt Lak	е	D	emocratic	
באלבוומוומושלא-		Required by all ca Seven days preced Required by all ca August 31st Required by all ca	(Check to the content of the content	n	ate box) FINAL RE X Final F (Requi		lidates and	d lose	
3	Seven days preceding a General Elect (Required by all candidates) YEAR-END REPORT January 10th of every year			uon	Yes Is this report an ame No			ment?	
2			Report Verification						
5	I, Marie H. Poulson Name of Candidate affirm that I have received no Contributions and incurred no expenditures for political purposes during this reporting period.								
5	Marie H. Poulson								
_	Signature of Candidate								
2									
To File this Form Mail or deliver to For Office Use Only									

Lieutenant Governor's Office Utah State Capitol, Suite 220 Salt Lake City, UT 84114-2325 (801) 538 - 1133

For More Information

Contact the Lieutenant Governor's Office (801) 538 - 1041 1-800-995-VOTE(8683) elections@utah.gov

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	Date Received						